

Massachusetts Department of Public Health

Daily Fluoridation Report- Form A

Purpose: This form is to be used by the public water system (PWS) to document finished water fluoride concentrations from treatment plants. All pumping fluoridated source **MUST** be tested daily for fluoride at the entry point to the distribution system or after the point of fluoride application.

The optimum fluoride level is 1.0 ppm, with a permissible range of 0.8-1.2 ppm.

Directions:

1. Use the same form daily for one month for each source or manifold or combined sources. Enter the monitoring period in month/year format.
2. **Section I: PWS Information**
Enter 1. The system name; 2. 7-digit MassDEP assigned Public Water System identification number; 3. City, Town or District; 4. MassDEP Source Code(s) and Location ID/Name; and 5. If the sources are manifold, list the source/combined sources.
3. **Section II: PWS Chemical Use Information**
 1. Check the type of fluoride used
 2. List the purity of the fluoride chemical used
 3. Check if the fluoride-metering pumps are protected by two (2) operating anti-siphoning (back pressure) valves
 4. List the date that the anti-siphon valves were **disassembled and inspected** in the last 12 months
 5. Check if the fluoride test meter was calibrated each day before use
 6. List if you need technical assistance and briefly describe the problem. Use additional paper if necessary.

If you are using the excel version of the daily fluoridation report, follow the instructions below:

- a. Left double-click anywhere in the table. This will open up an excel table embedded within the Microsoft Word document.
- b. The table is presented in its entirety within the allocated space, therefore you should not have to use the scrollbars of the excel table. If you do use these scrollbars, **make sure to return the vertical and horizontal scrollbars to the left-most and top-most positions, respectively, once you have finished entering data.**
- c. After you finish entering data into the table, left click anywhere outside of the table in the main document. This will close the excel table and you will return to the main Microsoft Word document.

Note: If you notice that some of the data is not visible, i.e. part of the table is cut-off, return to the excel table by left double-clicking anywhere in the table and move the horizontal and vertical scrollbars to their left-most and top-most positions, respectively.

4. **Section III: Daily Result for each day fluoride is added to the water supply**
 1. **Gallons of Water Produced:** Enter the number of gallons produced to the nearest 1,000 gallons.
 2. **Fluoride Chemicals Added in Pounds:** Enter each day's quantity of fluoride Compound applied to the nearest tenth of a gallon or nearest pound.

3. **Amount of Make-up Water used by Sodium Fluoride Saturator:** For PWS using NaF, enter the amount of water used by the NaF saturator in gallons or cubic feet.
4. **Results of Fluoride Test:** For each day of the month enter the average fluoride concentration in milligrams/liter (ppm).
5. **Name of Tester and Comments:** Each day enter the name of the operator who is testing the fluoride levels and or comments (ex. Well off-line - no testing).

5. The last day of each month the Certified Operator or responsible person must:

1. Total all daily numbers and then calculate monthly average; and 2. Enter their name, sign and date the form; and 3. Complete the PWS contact information.

**** Form A, B, and C must be returned to the Massachusetts Department of Public Health Office of Oral Health by the 10th day following the reporting month**

Form A may also be used to comply with MassDEP's monthly treatment chemical report requirement 310 CMR 22.15(4). If you intend to use this form for compliance with MassDEP requirements you must submit another copy of Form A to your MassDEP regional office.

Form A is also available in an Excel format to allow for electronic tabulation of totals and averages. To get a copy of the Excel form please contact DPH Office of Oral Health at 617-624-6074

Electronic copies of all forms are located at DPH Office of Oral Health <http://www.mass.gov/dph/fch/ooh.htm> and MassDEP/DWP <http://www.mass.gov/dep/water/>

MASS/DEPARTMENT OF PUBLIC HEALTH DAILY FLUORIDATION REPORT

DPH-FL-A (Daily)

Month of _____ Year of _____ Page _____ of _____ (Use the same form daily for one month for each source or manifolded or combined sources)

Section I. PWS INFORMATION:

1. PWS Name: _____ 2. PWS ID# : _____ 3. City/Town or District: _____
 4. Source(s) Fluoridated/MassDEP Source Code/Location ID: _____
 5. Is the Source(s) Manifolded? Yes ☐ or No ☐ 6. List the location or Mass DEP location ID# for the daily sample: _____

Section II. PWS CHEMICAL USE INFORMATION:

1. Type of fluoride used: NaF ☐ Na₂SiF₆ ☐ H₂SiF₆ ☐.
 2. What is the purity of the fluoride compound? _____%. (From shipping container or hydrometer test rounded to nearest unit).
 3. Are all fluoride-metering pumps protected by two (2) operating anti-siphon (back-pressure) valves? Yes ☐ No ☐
 4. Was each anti-siphon valve disassembled and inspected in the last 12 months? Yes ☐ Date _____ or No ☐ Explain: _____
 5. Was the fluoride test meter calibrated each day before use? (See Note 2) Yes ☐ or No ☐ Explain: _____
 6. Do you require on site technical assistance? Yes ☐ or No ☐ If yes, explain: _____

Section III. DAILY RESULT

DAYS of the month	Gallons of Water Treated (To nearest 1,000 gals)	Amt. Fluoride Added (lbs)	Saturator ¹ Volume of Make Up Water Added Gals <input type="checkbox"/> or Cu Ft <input type="checkbox"/>	Calculated Fluoride Ion Dosage (ppm)	Results of Fluoride Test by PWS (ppm) ^{2,3}	Name of tester and Comments E.g. Reason(s) for not fluoridating or sampling. Changes in product or batch mixing day etc.
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28						
29						
30						
31						
Total						If you use a Saturator: Calculated Monthly Fluoride Ion Dosage _____ ppm
Average						

Notes: 1) If you use a Saturator you must calculate a monthly fluoride ion dosage based on pounds used.

2) If you use a Mass. certified lab. for daily sampling, attach a copy of your Mass. approved lab analytical report form to this report.

3) All pumping fluoridated sources **MUST** be tested daily for fluoride at the entry point to the distribution system or after the point of fluoride application.4) The optimum fluoride level (average) is 1.0 ppm with a permissible range of (0.9-1.2) ppm 5) **Report all Fluoride results to the nearest tenth.**6) **For Fluoride issues that require reporting,** notify DPH at 617-624-6074 **AND** MassDEP Drinking Water Program Regional Office or 617-292-5770

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Name of PWS certified operator or responsible party: _____ Signature: _____ Date: _____

Phone #: _____ Fax#: _____ Email address: _____

Section IV: DPH USE: Date received _____ Comments: _____PWSs approved by MassDEP for Fluoridation treatment must return all applicable pages (A, B & C) of this report form **by the 10th day following the****reporting month** to: MassDPH, 250 Washington Street-5th floor, Boston, MA 02108. Attention: Office of Oral Health

DPH Fluoride Form A -4-2-07